

ATTACHMENT 1

CPNI ANNUAL NOTIFICATION REPLY CARD

Please check one of the following boxes:

- A.1. ☐ Yes, Pacific Bell representatives who market enhanced services and customer premises equipment may refer to my account information (CPNI) in recommending telephone-related systems or services to me.
- ☐ No, at this time I don't want Pacific Bell's representatives who market enhanced services and customer premises equipment referring to my account information (CPNI). If you wish to restrict access to any other information listed below in section B.2. (a-g) then you must check "no."
- A.2. If you would like to restrict Pacific Bell access to your CPNI for less than one year, indicate the dates:

DO YOU WANT YOUR TELEPHONE ACCOUNT INFORMATION RELEASED TO OTHER VENDORS?

- B.1. ☐ Yes, release my account information to those vendors that request it.
- ☐ No, do not release my account information.
- ☐ Yes, but release my account information only to the following vendors:

VENDOR NAME

VENDOR NAME

B.2. Please release *only* the following account information:

- | | |
|---|--|
| a. <input type="checkbox"/> Telephone number and service location. | e. <input type="checkbox"/> Type of service (e.g., Call Waiting) |
| b. <input type="checkbox"/> Usage and billing data (e.g., number and length of calls) | f. <input type="checkbox"/> Class of service (e.g., business) |
| c. <input type="checkbox"/> Telephone numbers called | g. <input type="checkbox"/> Number of phone lines on account |
| d. <input type="checkbox"/> Billing name and address | |

B.3. If you would like to release your CPNI to other vendors for less than one year, indicate the dates:

- B.4. ☐ Cancel all previous instructions (including letters of agency) regarding release of my account information to other vendors.

Your signature on this reply card applies to the following numbers and for any new services you may add later at your location:

Your choices will remain in effect unless changed by you in writing.

I AM AUTHORIZED TO MAKE DECISIONS REGARDING MY COMPANY'S ACCOUNT INFORMATION.

Signature: _____ Date: _____
(SIGNATURE REQUIRED)

Name: _____ Position/Title: _____
(PLEASE PRINT)

Company Name: _____

APPENDIX III

SOUTHWESTERN BELL'S "NOTE" AND CPNI
"AUTHORIZATION FORMS"



**Southwestern Bell
Telephone**

111 Dean A. McGee Avenue Room 150
Oklahoma City, Oklahoma 73102

Please feel free to call me with any questions you may have.

I can not stress the importance of this document in relation to our ability to properly service your account.

If I am unavailable to talk with you when you call, please explain to whomever answers the telephone that you are calling in reference to this form and they will help you.

Dear Multiline Business Customer:

Based on a December, 1991 Federal Communications Commission (FCC) ruling, Southwestern Bell is required to obtain written authorization from customers with more than 20 lines, for permission to access certain customer information for Enhanced Service purposes (e.g. voicemail service).

This letter is to request your authorization for Southwestern Bell Telephone and its affiliated companies* to use this information to market Enhanced Services to you.

Your approval can be a blanket authorization to apply to all subsidiaries, locations and accounts associated with your company. (Please check the appropriate box below).

This is a one-time notification that applies only to Enhanced Services, and is different from other notifications. You can change your CPNI election at any time, or request temporary restriction/authorization for a specific period of time. You can do so by sending your local SWBT business office a separate letter of authorization or restriction containing appropriate instructions.

There are companies other than SWBT who provide Enhanced Services. To specify or authorize any non-SWBT Enhanced Service Providers access to your information, complete Authorization Form B.

If you have any questions or need additional information, please call your business office at the number listed in your Southwestern Bell White Pages directory. One of our representatives will be happy to assist you.

Southwestern Bell Telephone Company

*Affiliated companies include Southwestern Bell Telecom, Southwestern Bell Mobile Systems and Southwestern Bell Yellow Pages, Metromedia Paging and Southwestern Bell Messaging Services Inc.

Customer Proprietary Network Information (CPNI)

Authorization Form A

This authorizes SWBT and its affiliates access to information on my SWBT records for the purpose of marketing Enhanced Services.

☐ Yes, I wish to have a blanket authorization applying to all subsidiaries, locations and accounts associated with my company.

☐ This authorization applies only to the company name listed below.

Company Name (Please Print/Type) _____

Signature _____ Date _____

Name _____

Title _____

Address and Telephone Number _____

(Please attach a list of all applicable telephone numbers.)

Please return to:
Southwestern Bell Telephone
Drawer 2
Wheeler Station
St. Louis, Missouri 63146

Authorization Form B

Please list name and address of the authorized Enhanced Service Providers ESPs whom you wish to have access to information within your SWBT records.

(Please attach additional pages if necessary)

Please check below the type of information you want provided to the authorized ESPs listed above, upon their request.

• Customer Service Records _____ • Customer Billing Information _____ • Both _____

_____ (check here if you want information released on your SWBT records to all ESPs who request it from us in accordance with an agency agreement.)

Customer/Company Name

Authorized Person's Signature Date

Authorized Person's Name (ph, ext, print/typed)

Title

Please return to:
Southwestern Bell Telephone
Drawer 2
Wheeler Station
St. Louis, Missouri 63108